

October 1, 2006

Joe Smith
3078 Prospect Park Drive
Rancho Cordova, Ca 95670

Beneficiary Reimbursement Reference Number

Dear Mr. Smith:

This letter is about the claim you filed with Medi-Cal. You asked Medi-Cal to repay you for payments you said you made for medical or dental care. Your claim has been denied for the following reason(s):

- Description of reason for denial. *(Example: The services you claimed were not during the months you are eligible. These are the months of the retroactive and evaluation periods.)*
- Description of reason for denial.

If you do not agree with this decision, you have the right to request a State Hearing. You must make this request within 90 days of the date of this letter (the date at the top of the letter). Information for a State Hearing may be found on the back of this notice.

For answers to your questions call the Beneficiary Service Center at (916) 403-2007. For TDD telephone service call (916) 635-6491.

Sincerely,

Conlan Claims Representative
Authority: Welfare and Institutions Code, Section 14019.3.

BENEFICIARY REIMBURSEMENT FOR MEDICAL/DENTAL CARE

YOUR HEARING RIGHTS

You have a right to ask for a State Hearing about this Medi-Cal action. (California Code of Regulations, Title 22, Section 50951). You must ask for a State Hearing within 90 days of the date this notice was mailed to you.

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then send this page to:

State Hearings Division
California Department of Social Services
P.O. Box 944243, Mail Station 19-99
Sacramento, CA 94244-2430

Another way to ask for a hearing is to call 1-800-952-5253. For TDD telephone service call 1-800-952-8349.

You have the right to examine the materials that were used to take this Medi-Cal action and may arrange this by contacting the DMH Ombudsman at 1-800-896-4042.

State Regulations Available State regulations, including those covering state hearings, are available at your local county social services office or on the Internet at www.calregs.com.

To Get Help

You may get free legal help at your local legal aid office or other groups. To ask about getting free legal help to represent you at your hearing, look under "Legal Services" in the Yellow Pages of your local telephone book.

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, an attorney or anyone else you choose. You must arrange for this representative yourself.

Note: The information you are asked to write in on this form is needed to process your hearing request. Processing may be delayed if the information is not complete.

Information Practices Act Notice (California Civil Code Section 1798, et. seq.)

The information you are asked to write in on this form is needed to process your hearing request. Processing may be delayed if the information is not complete. Any information you provide may be shared with the mental health plan, the State Departments of Health Services and Mental Health and with the U.S. Department of Health and Human Services (Authority: Welfare and Institutions Code, Section 14100.2).

BENEFICIARY REIMBURSEMENT HEARING REQUEST

I want a hearing because I paid for a medical service and my health care provider would not give back my money.

Comments:

☐ Check here and add a page if you need more space.

My name: (print)

My Medi-Cal Number:

My Address: (print)

My phone number: (_____) _____

☐ I need an interpreter at no cost to me.

My language or dialect is: _____

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records and to come to the hearing for me.

Name: _____

Address: _____

Phone number: (_____) _____

My signature (claimant):

X _____

Date signed:

